



**STATE OF WASHINGTON**  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
**DIVISION OF CONSUMER SERVICES**

*P.O. Box 41200 • Olympia, Washington 98504-1200*  
*Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>*

**MONEY SERVICES**  
**CURRENCY EXCHANGER**  
**QUARTERLY REPORT**

INSTRUCTIONS: (Per WAC 208-690-120, Change of Authorized Delegates Locations, WAC 19.230.150, Reports.)  
Use this form when reporting changes that affect the company's previously approved authorized delegate locations.

DO NOT use this form to add new authorized delegate locations, instead use the *Money Services, Currency Exchanger – Add An Authorized Delegate Form*. This form can be found on our website at [www.dfi.wa.gov/cs](http://www.dfi.wa.gov/cs), under the *Applications & Forms* page.

1. I made changes to my previously reported authorized delegate list during the ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> Quarter, 20\_\_\_\_.

- ☐ YES. Continue filling in this form. Send completed form to: DFI, Consumer Services, 150 Israel Rd SW, Tumwater, WA 98501.  
☐ NO. STOP. No report needs to be submitted.

2. Within 45 days of the quarter end: Submit this form and/or a list, separated by category, which details the changes made:

See the check boxes on the following page. If you place a check mark in any box, this will create the category heading for the type of change being reported.

Each record should clearly show previous information for a specific location and the new information for that specific location. Each record in a category should be numbered, 1, 2, 3, so that we can look at the last entry and see the total number of records reported.

# WASHINGTON STATE CURRENCY EXCHANGER QUARTERLY REPORT

☐ Include a \$30 transaction fee with this Quarterly Report. Make checks payable to the "Washington State Treasurer" but mail with the completed Quarterly Report.

Licensee Name:			
DFI License Number:	550 – CE -	Effective Date of Change:	
Person to contact upon approval/denial of request		Phone:	
		Fax:	

**PLEASE CHECK ALL APPLICABLE BOXES:**

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

- ☐ Authorized Delegate physical address change
- ☐ Authorized Delegate legal name change
- ☐ Authorized Delegate Add trade name(s) or dba
- ☐ Authorized Delegate Telephone Change

- ☐ Authorized Delegate Remove trade name(s) or dba
- ☐ Remove an Authorized Delegate Location
- ☐ Other (explain) \_\_\_\_\_

## PREVIOUS INFORMATION

Company Name	<input style="width: 80%;" type="text"/>
Trade Name or DBA	<input style="width: 80%;" type="text"/>
Physical Address	<input style="width: 80%;" type="text"/>
Contact Name	<input style="width: 80%;" type="text"/>
Telephone Number	<input style="width: 80%;" type="text"/>
Fax Number*	<input style="width: 80%;" type="text"/>
Email Address*	<input style="width: 80%;" type="text"/>
Business Structure*	<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:

\* Optional

## NEW INFORMATION

Company Name	<input style="width: 80%;" type="text"/>
Trade Name or DBA	<input style="width: 80%;" type="text"/>
Physical Address	<input style="width: 80%;" type="text"/>
Contact Name	<input style="width: 80%;" type="text"/>
Telephone Number	<input style="width: 80%;" type="text"/>
Fax Number*	<input style="width: 80%;" type="text"/>
Email Address*	<input style="width: 80%;" type="text"/>
Business Structure*	<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:

\* Optional

## AUTHORIZATION FOR VERIFICATION FORM - COMPANY

I, the undersigned official, of the company noted herein, hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, any and all information and documentation that they request for the purpose of verifying information provided in conjunction with an application for money services license, or for the purpose of conducting an investigation in accordance with chapter 19.230 Revised Code of Washington, and Chapter 208-690 WAC.

BY: \_\_\_\_\_  
*Signature of Authorized Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name of Authorized Official*

\_\_\_\_\_  
*Title*